

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			<i>AB</i>
<b>FORMALITY REVIEW</b>	<i>TR</i>	<i>912</i>	<i>02/26/01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>int -</i>	<i>571</i>	<i>05/17/01</i>

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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